

## Sample Departmental Survey DENTAL PROGRAM

### Sample Survey of Individual Departments

**SUBJECT: Dental (to be completed by Dental staff)**

1. Approximately what percentage of dental staff time is involved in oral health promotion and patient education?  
☐ Less than 5%   ☐ 5%-10%   ☐ 11%-15%   ☐ Over 15%  
 Of the total percentage you identified above, what proportion is spent on:
  - a. individual patient education sessions:  
☐ Less than 25%   ☐ 25%-50%   ☐ 50%-75%   ☐ Over 75%
  - b. group oral health promotion/education sessions:  
☐ Less than 25%   ☐ 25%-50%   ☐ 50%-75%   ☐ Over 75%
2. What types of health professionals are available to your facility for consultation/referrals/joint projects for oral health education/ promotion? Check all that apply.
 

<input type="checkbox"/> Physician	<input type="checkbox"/> Health Educator	<input type="checkbox"/> PA
<input type="checkbox"/> Nutritionist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> CHR
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Public Health Nurse	<input type="checkbox"/> RN
<input type="checkbox"/> Other: Please Specify: _____		
3. Do you use a process or instrument to assess individual patient education needs?  
☐ YES   ☐ NO
4. Does your health facility have a designated Patient Education Coordinator? Answer Yes or No  
 Below: If the answer is No, please go to question #5.
 

<input type="checkbox"/> YES our facility has a designated patient education Coordinator.
<input type="checkbox"/> The dental program finds the service valuable
<input type="checkbox"/> but does not use the services
5. Does your health facility have a designated patient education Coordinator? Answer Yes or No:
 

<input type="checkbox"/> NO, our facility does not have a designated PFCE Coordinator.
<input type="checkbox"/> The dental program would utilize such services if available
<input type="checkbox"/> probably would not utilize the services
6. Is the dental program involved with any of the following programs or agencies?  
  
*Put a one (1) in front of those presently involved with; Put a two (2) in front of those that you would like to increase your involvement with.*

<input type="checkbox"/> WIC/Nutrition	<input type="checkbox"/> Elder organizations
<input type="checkbox"/> Well Child Clinic	<input type="checkbox"/> Head Start
<input type="checkbox"/> Day Care Centers	<input type="checkbox"/> Elementary Schools
<input type="checkbox"/> Middle/junior schools	<input type="checkbox"/> High Schools
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Injury Prevention
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Cancer Prevention/ Screenings
<input type="checkbox"/> Parenting Programs	<input type="checkbox"/> State, County, Tribal or local health organizations
<input type="checkbox"/> Other: Please Identify: _____	
7. Do you have adequate oral health education materials on the following topic areas? Please write a Yes or No.
 

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Oral hygiene
<input type="checkbox"/> Sealants	<input type="checkbox"/> BBTD
<input type="checkbox"/> Oral Health for Special Needs Patients	<input type="checkbox"/> Fluorides/fluoridation
<input type="checkbox"/> Pregnancy and oral health	<input type="checkbox"/> Nutrition

## Sample Departmental Survey

### DENTAL PROGRAM

\_\_\_ Children's oral health  
\_\_\_ Tobacco and Oral health

\_\_\_ Periodontal disease  
\_\_\_ Other:

Please list those topic areas where you think you have adequate health education materials:

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7. How important are the following items in the oral health promotion/ education materials you use:

*Number choices from (1) to (7), with 1 being the most important.*

___	AI/AN Specific	___	reading level
___	overall visual appeal	___	pictures/artwork
___	humor	___	scientific accuracy
___	limited to 1-2 main messages		

8. How do you feel patient education could be better coordinated between the different departments/programs within your facility?